

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 13	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY		
	Mr Ramon P NICKNAME LAST SUFFIX				
Ray Pena		4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		Date Received	
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9647 Timber Path San Antonio, TX 78250		5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (210) 684-1053		Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		Receipt #		Amount
	Ms Lou NICKNAME LAST SUFFIX		Date Processed		Date Imaged
Skidd		7 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7615 Lynne Anne St. San Antonio, TX 78240	
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (210) 521-2971		9 REPORT TYPE 30th Day Before Main Election			
10 PERIOD COVERED Month Day Year 2/1/2005		THROUGH Month Day Year 3/28/2005			
11 ELECTION ELECTION DATE Month Day Year 5/7/2005		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Council District 6			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages		<p>** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **</p> <p>Name</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>			

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Mr Ramon P Pena		16 ACCOUNT # (Ethics Commission files)
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$500.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$0
	4. TOTAL POLITICAL EXPENDITURES	\$2824.36
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$0
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Ramon P Pena, this the 7th day of April, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
1 of 1

2 FILER NAME

Mr Ramon P Pena

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/17/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

ANTHONY CORTEZ SR

6 Contributor address; City; State; Zip Code

3366 WESTMEYER ROAD
NEW BRAUNFELS, TX 78130-2749

7 Amount of
contribution (\$)
200.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)
OWNER

10 Employer (See Instructions)
CORTEZ CONTRACTING

Date

2/25/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

WESLEY L JONES

Contributor address; City; State; Zip Code

8722 ROLLING ACRES TRAIL
FAIR OAKS RANCH, TX 78015

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
VP

Employer (See Instructions)
NATIONAL TRENCH SHORING

Date

3/18/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

HEIDI L SMITH

Contributor address; City; State; Zip Code

10102 PADDLE FISH CREEK RD
SAN ANTONIO, TX 78245

Amount of
contribution (\$)
200.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
GOVERNMENT CONTRACT EMPLOYEE (CLASSIFIED)

Employer (See Instructions)
US GOVERNMENT

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Ramon P Pena

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#:_____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Mr Ramon P Pena

3 ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$Unitemized

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#:_____)**9** Loan Amount (\$)**6** Is lender a financial institution?**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** GUARANTOR INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☐ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:_____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 2

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Ramon P Pena

4 Date

3/17/2005

5 Payee name

SIGNS NOW

6 Payee address; City; State; Zip Code5720 BANDERA ROAD, Apt/Suite: 4
SAN ANTONIO, TX 78238**7** Amount(\$)**517.80****8** Purpose of payment (See instructions regarding type of information required.)

YARD SIGNS

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/17/2005

Payee name

SIGNS NOW

Payee address; City; State; Zip Code

5720 BANDERA ROAD, Apt/Suite: 4
SAN ANTONIO, TX 78238

Amount

(\$)**350.59**

Purpose of payment (See instructions regarding type of information required.)

YARD SIGNS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/21/2005

Payee name

SIGNS NOW

Payee address; City; State; Zip Code

5720 BANDERA ROAD, Apt/Suite: 4
SAN ANTONIO, TX 78238

Amount

(\$)**51.78**

Purpose of payment (See instructions regarding type of information required.)

MAGNETIC SIGNS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/14/2005

Payee name

CITY OF SAN ANTONIO

Payee address; City; State; Zip Code

PO Box 839975
SAN ANTONIO, TX 78283-3975

Amount

(\$)**10.00**

Purpose of payment (See instructions regarding type of information required.)

2005 CANDIDATE PACKET

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 2

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Ramon P Pena

4 Date

2/18/2005

5 Payee name

CITY OF SAN ANTONIO

6 Payee address; City; State; Zip CodePO Box 839975
SAN ANTONIO, TX 78283-3975**7**Amount
(\$100.00)**8** Purpose of payment (See instructions regarding type of information required.)

CANDIDATE FILING

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/2/2005

Payee name

CLARKE AMERICAN/SECURITY BANK

Payee address; City; State; Zip Code

16211 LA CANTERA PKWY
SAN ANTONIO, TX 78256-2419Amount
(\$13.25)

Purpose of payment (See instructions regarding type of information required.)

CHECK ORDER

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/11/2005

Payee name

SAN ANTONIO NEWS

Payee address; City; State; Zip Code

PO Box 240022
SAN ANTONIO, TX 78224Amount
(\$500.00)

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN ADVERTISING

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/20/2005

Payee name

PENSRUS

Payee address; City; State; Zip Code

PO Box 090219
STATEN ISLAND, NY 10309-0219Amount
(\$118.76)

Purpose of payment (See instructions regarding type of information required.)

PROMOTIONAL PENS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1 of 2
2 FILER NAME Mr Ramon P Pena		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/2/2005	5 Payee name CLARKE AMERICAN/SECURITY BANK 6 Payee address; City; State; Zip Code 16211 LA CANTERA PKWY SAN ANTONIO, TX 78256-2419 7 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN CHECK PRINT ORDER	8 Amount (\$13.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/18/2005	Payee name CITY OF SAN ANTONIO Payee address; City; State; Zip Code PO Box 839975 SAN ANTONIO, TX 78283-3975 Purpose of expenditure (See instructions regarding type of information required.) CANDIDATE FILING	Amount (\$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/14/2005	Payee name CITY OF SAN ANTONIO Payee address; City; State; Zip Code PO Box 839975 SAN ANTONIO, TX 78283-3975 Purpose of expenditure (See instructions regarding type of information required.) CANDIDATE PACKET	Amount (\$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/17/2005	Payee name SIGNS NOW Payee address; City; State; Zip Code 5720 BANDERA ROAD, Apt/Suite: 4 SAN ANTONIO, TX 78238 Purpose of expenditure (See instructions regarding type of information required.) YARD SIGNS	Amount (\$517.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/17/2005	Payee name SIGNS NOW Payee address; City; State; Zip Code 5720 BANDERA ROAD, Apt/Suite: 4 SAN ANTONIO, TX 78238 Purpose of expenditure (See instructions regarding type of information required.) YARD SIGNS	Amount (\$350.59 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 2 of 2
2 FILER NAME Mr Ramon P Pena		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/21/2005	5 Payee name SIGNS NOW 6 Payee address; City; State; Zip Code 5720 BANDERA ROAD, Apt/Suite: 4 SAN ANTONIO, TX 78238 7 Purpose of expenditure (See instructions regarding type of information required.) MAGNETIC SIGNS	8 Amount (\$) \$51.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/20/2005	Payee name PENSRUS Payee address; City; State; Zip Code PO Box 090219 STATEN ISLAND, NY 10309-0219 Purpose of expenditure (See instructions regarding type of information required.) PROMOTIONAL CAMPAIGN PENS	Amount (\$) \$118.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H: 1 of 1	
2 FILER NAME Mr Ramon P Pena		3 ACCOUNT # (Ethics Commission filers)	

4 Date	5 Business name	7 Amount (\$)
	6 Business address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: <div style="text-align: center;">1 of 1</div>
2 FILER NAME Mr Ramon P Pena		3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)

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CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Ramon P Pena

4 Date	5 Payor name	8 Amount (\$)
 6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ******1 C/OH NAME**

Mr Ramon P Pena

2 ACCOUNT # (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****** Complete A & B below *only* if you are not an officeholder. ******A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER****** Complete this section *only* if you are an officeholder ****☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder